the implications contained in President Truman's message*, and equally important, its legislative symbol, as expressed in the Wagner-Murray bill, S. 1606, which by indirection, now has the sanction of the Chief Executive of the United States.

To recapitulate:

(1) What kind of a medical profession would S. 1606 produce in the days to come?

(2) What kind of medical care would future generations of Americans receive under the proposed laws?

These are questions worthy of serious thought by all Americans.

ON SELECTIVE SERVICE STATISTICS—TWO INTERPRETATION METHODS: ONE BY THE PRESIDENT OF THE UNITED STATES, THE OTHER BY AN EX-PRESIDENT OF THE CALIFORNIA MEDICAL ASSOCIATION

Selective Service Statistics in President Truman's Message as a Basis for Later Recommendations.—Document 380 of the 1st Session of the 79th Congress is signed by Harry S. Truman, The White House, November 19, 1945. This document is President Truman's message on a "National Health Program" and was referred in the House of Representatives "To the Committee of the Whole House on the State of the Union and ordered to be printed".

Commencing at the bottom of the first page, President Truman started his statement concerning rejection statistics publicized by the U. S. Selective Service System. The figures presented were evidently intended to lay the foundation for subsequent comment, and to indicate changes that should be made in the existing system of medical care.

In other words, the Selective Service statistics were presumably used to furnish premises to conclusions applied and incorporated on the same day in Wagner-Murray bill, S. 1606.

The ease with which the Selective Service figures may be misinterpreted has been outlined in recent issues of *J.A.M.A.* and other publications.

Below appear excerpts from President Truman's message of November 19, after which are given quotations from the address of Dr. Lowell S. Goin, retiring president of the California Medical Association presented by him this year in Los Angeles, and printed in CALIFORNIA AND WESTERN MEDICINE for May, 1945.

Readers of CALIFORNIA AND WESTERN MEDICINE should peruse what President Truman had to say concerning Selective Service figures, and then scan Dr. Goin's analysis and breakdown of practically the same statistics, given some six months before President Truman sent his "National Health Program" to Congress.

* * *

How President Truman used Selective Service Statistics.—Herewith, excerpts from President Truman's message:

"The people of the United States received a shock when the medical examinations conducted by the Selective Service System revealed the widespread physical and mental incapacity among the young people of our Nation. We had had prior warnings from eminent medical authorities and from investigating committees. The statistics of the last war had shown the same condition. But the Selective Service System has brought it forcibly to our attention recently in terms which all of us can understand.

"As of April 1, 1945, nearly 5,000,000 male registrants between the ages of 18 and 37 had been examined and classified as unfit for military service. The number of those rejected for military service was about 30 per cent of all those examined. The percentage of rejection was lower in the younger age groups and higher in the higher age groups, reaching as high as 49 per cent for registrants between the ages of 34 and 37.

"In addition, after actual induction, about a million and a half men had to be discharged from the Army and Navy for physical or mental disability, exclusive of wounds; and an equal number had to be treated in the armed forces for diseases or defects which existed before induction.

"Among the young women who applied for admission to the Women's Army Corps there was similar disability. Over one-third of those examined were rejected for physical or mental reasons.

"These men and women who were rejected for military service are not necessarily incapable of civilian work. It is plain, however, that they have illnesses and defects that handicap them, reduce their working capacity, or shorten their lives."

* * *

Selective Service Statistics as Broken Down by Ex-C.M.A. President Goin.—Having read the above, check may now be made with Dr. Goin's analysis:

"SELECTIVE SERVICE STATISTICS

"Since the five million 4F's are so frequently invoked, and since it is at first glance so shocking a figure, let us examine it in some detail. One difficulty with the argument is that intellectually it is not very honest. In Senator Pepper's interim report the figure is announced on page one not as five million, but as four-and-one-half million but on page three of the same report the graph discloses the true figure to be 4,217,000. An error of 13½ per cent can scarcely be considered insignificant.

"Of the total number rejected 444,800 were rejected as manifestly disqualified, that is to say the totally blind, the totally deaf, the deaf-mutes, the legless, the armless and so forth. It seems perfectly obvious that no program of medical care could have influenced this figure.

"701,700 were rejected for mental disease. Again I don't know of a program of medical care which would have prevented mental disease in these unfortunate people.

"582,100 were rejected for mental deficiency, that is to say that they were the imbeciles, the idiots and the morons. The most casual knowledge of eugenics would persuade anyone that this group does not constitute a medical problem, and these three groups together reach the large total of 1,727,600.

"When these have been excluded there remain 2,426,500 or somewhat less than half of the originally claimed five-million.

"Of this group 320,000 were rejected for muscular-skeletal defects, that is to say the clubfoot, the paralytic, the withered arm, the congenitally dislocated hip and so forth. Again I wonder what program of medical care might have made this group fit for military service.

"280,000 were rejected for syphilis. The statute books are already loaded with laws regarding syphilis. There

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* In this issue President Truman's Message appears on page 270. Press comments on pages 298-304.

is probably not a community in the United States in which a person afflicted with this disease cannot secure treatment from the Department of Public Health. How, then, would compulsory health insurance have eliminated this group?

"220,000 were rejected for hernia. Hernia is a congenital defect and if a person is born with a defective inguinal or femoral canal he is likely to have a hernia and medical care has nothing whatever to do with the occurrence of hernia.

"160,000 were rejected for 'eyes.' Since eyes would seem to be useful adjuncts to men who were to be soldiers or sailors I presume that this means defective vision. If one is born with an eyeball too long or too short or one which is not a globe one will either wear glasses or not see very well and medical care has nothing whatever to do with it.

"Thus about one million more have been eliminated and the number of rejections on a basis of lack of medical care is about 1,500,000. Whether any program of medical care would have materially reduced this number is problematical.

"If the proponents wish to rest their case upon the need shown here (and they have made a great deal of it), I am content."

* * *

Is it now in order to ask of CALIFORNIA AND WESTERN MEDICINE readers, this question:—

Having read both statements, what are your own conclusions?

ON "MEDICAL CARE INADEQUACIES"—WHERE AND WHY: IN RELATION TO RURAL AND URBAN PRACTICE, AND HOSPITALS AND PHYSICIANS

"Medical Care Inadequacies" — A Much Abused Term.—The term, "Inadequacies in Medical Care," has been subjected to so much misuse that whatever meaning it may still possess, depends in good part on the person who uses it.

That some individuals do not receive indicated medical care is not denied, and physicians have called attention thereto over many years. However, even though the inadequacies are related to disease and injury, to then place the blame for such upon the medical profession, is an evidence of lack of knowledge of actual facts, confused thinking and erroneous reasoning.

Proponents of "compulsory health insurance" are particularly prone to commit this offense. For, once having stated one imaginative premise (inadequacies of medical care), and their own opinion of the cause (the medical profession), they then use the term and the cause they have put forth, as premises from which to draw the conclusion that medical practice must be radically changed! (Inferentially, also that they, the reformers, are the proper persons to do this!)

The particular change they envision concerning medical practice may be summed up as "socialized medicine" (state medicine—political medicine), to be put into operation through a federal compulsory health (sickness) insurance law.

As stated above, the medical profession has long recognized that under certain conditions and in some places in the United States, inadequacies of medical care, may and at times, do exist. For discussion purposes, it may be worth while to call brief attention to some of the reasons why inadequacies are present in rural and urban areas, and the ways in which hospitals and physicians may be concerned therewith.

* * *

(1) Inadequacies in Rural or Sparsely Settled Areas. — California contains many sparsely settled areas in its expansive geographical domain. By the State's constitution, a county in California may erect and maintain a county hospital. Let us cite, as an instance, Alpine County, a Mother-Lode, Forty-Niner county,—credited in the 1940 census with a total population of 323 persons. How could that county erect and maintain a county hospital?

Other California county examples are Mono with 2,299, Sierra with 3,025, Trinity with 3,970 residents. California itself covers an area of 158,693 square miles. By contrast, Rhode Island has only 1,214 square miles, and Massachusetts, 8,257 square miles. Mono County with its population of 2,299 has one lone physician, and covers 3,030 square miles, an area almost half the size of Massachusetts!

In the wide open spaces of the Great West, portions of woodlands in the northern states, and the marshy and other sparsely settled regions of southern commonwealths, similar population figures may be found.

Yet, the proponents of compulsory socialized medicine plans not infrequently refer to the number of counties in the United States that do not have the advantages of up-to-date hospitals, health centers and other modern-day medical equipment, as if this deficiency in "number of counties" was a terrific arraignment!

The fallacy of such misleading information or reasoning, especially when used as texts or pleas to emphasize inadequacies in medical care that may exist in the United States, becomes evident when figures such as those above given for some of California's counties are taken into consideration.

It would be well if the Do-Gooder (often salaried) proponents who presumably have dedicated themselves to the campaign for elimination of medical care inadequacies, would first consider what are practicable and available ways and means to bring medical practice as it is carried on in metropolitan areas, to these less fortunately situated regions of our land.

It should be self-understandable that small county units often do not possess the taxation resources that would permit them to build (and even more difficult, maintain from year to year) the hospitals, health centers, laboratories, etc., etc., concerning which the reformers often prate at great length, and which, some of them seem to think, every citizen in the Union should supposedly have at his immediate beck and call.

Fortunately, at least in California, the public highways are so numerous and of such excellent construction that for patients suffering from serious illnesses or injuries, it is possible for the local physician to arrange for transportation to